**WORK FIRST ASSISTANCE APPLICATION**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD:** List all household members for whom Assistance is being requested:

(Non-Applicant household members are not required to provide a social security number, immigrant, or citizen status)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Date of Birth | Sex | Social Security No. | Citizen/Eligible Immigrant | Relationship |
|  | 08/16/2010 | M |  | Y | Son |
|  | 04/14/2012 | F |  | Y | Daughter |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Does the household include a child who meets the Work First age rule? □ Yes □ No

Is the child living with an adult who meets the Work First kinship rule? □ Yes □ No

Has anyone listed on the EA application ever received EA? □ Yes When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No

Does anyone live in the home that is not listed on the EA application? □ Yes □ No

If yes, is the individual(s) a roomer/boarder? □ Yes □ No

|  |
| --- |
|  |

Total assessed monthly need:\_\_\_\_\_\_\_\_\_$\_\_900.00\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Worker Quality Assessment (circle one):  Poor Excellent  **Applicant Statement:** I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I certify that the information that I have provided is a true and complete statement of facts according to my best knowledge and belief. I certify, under penalty of perjury, that all persons for whom I am applying are U.S. citizens or qualified immigrants. I declare under penalty of perjury (and being subject to prosecution under 28 U. S. C. § 1746) that the foregoing is true and correct. I give the agency permission to verify any information necessary to determine my eligibility for Emergency Assistance.  ­  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Witness’s Signature Applicant’s/Representative’s Signature Date |

DSS-8169 (rev. 04/08)

Family Support and Child Welfare Services Section